



New Jersey Department of Children and Families Policy Manual

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| Manual: | CP&P | Child Protection and Permanency | Effective Date: |
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| Chapter: | E | Allegation Based System | 10-3-2011 |
| Subchapter: | 1 | Allegations | |
| Issuance: | 2000 | Substantial Risk of Sexual Injury | |

ALLEGATION OF HARM 12-30-2004

A substantial risk of sexual injury can be due to abuse -- allegation of harm #22.

DEFINITION 12-30-2004

“Substantial Risk of Sexual Injury” means --

Substantial risk of sexual injury means that the parent, caregiver, immediate family member, or the parent’s paramour has created a **REAL AND SIGNIFICANT DANGER** of sexual abuse, in that:

Option A

A substantiated, registered, or convicted sex offender has significant access to children, and the extent/quality of supervision during contact is unknown, or suspected to be deficient.

Option B

There are siblings or other children in the same household as the alleged offender, or a current allegation of sexual abuse.

Option C

Persistent, highly sexualized behavior or knowledge in a very young child (e.g. under the age of 5 chronologically or developmentally) that is grossly age inappropriate and there is reasonable cause to believe that the most likely manner in which this was learned is in having been sexually abused.

Note: When accepting a report based on behavioral indicators, SCR staff must inform the reporter that this report cannot be substantiated unless the victim makes a statement regarding specific sexual abuse or a forensic evaluation or independent clinical consultation results in a clinical finding of sexual abuse.

- Reports of risk of sexual harm are not to be taken solely on the inappropriate or suggestive behavior of the alleged offender or because there is insufficient information for an allegation of specific sexual abuse, except as defined above.
- If, during the course of the investigation, a specific allegation of harm is identified, the appropriate allegation shall be added and a determination made on all of the allegations. If another allegation is determined to be more appropriate, that allegation should be utilized and the risk unfounded.

TAKING A REPORT 12-30-2004

Usage --

The reporter must have reason to believe that the incident/circumstances that create the risk of sexual abuse resulted from the following:

- A direct action of the parent, caregiver, immediate family member, the parent's paramour, or other person responsible for the child's welfare. (ABUSE)
- The failure of the parent, caregiver, immediate family member, the parent's paramour, or other person responsible for the child's welfare to make reasonable efforts to stop an action by another person which resulted in substantial risk of sexual abuse to the child. (ABUSE)

Factors to Be Considered --

Whether there is real and significant danger is determined by the following factors:

- the child's age;
- the child's medical condition, behavioral, mental or emotional problems, development disability, or physical handicap, particularly as it relates to his or her ability to protect himself or herself;
- the severity of the occurrence;
- the frequency of the occurrence;
- the alleged perpetrator's physical, mental and/or emotional abilities, particularly as it relates to his or her ability to control his or her actions;
- the dynamics of the relationship between the alleged perpetrator and the child;
- the alleged perpetrator's access to the child;
- the previous history of substantiated abuse or neglect;
- the current stresses/crisis in the home; and
- the presence of other supporting persons in the home.

The narrative of the NJ SPIRIT investigating response report must document the real and significant danger, which has been identified to justify the taking of the report, as well as the factors that have a bearing on the decision.

INVESTIGATING A REPORT

12-30-2004

Required Documentation/Evidence Needed to Support a Finding --

Verification that there was a past substantiation or conviction of sexual abuse by a parent/caregiver, and that there has been insufficiently supervised contact with the victim.

Option A

Documentation of statements of any involved law enforcement officials, or clinicians regarding risk to the alleged victims based on history; or

Option B

Verification that the victim is residing in the same household as the victim, or perpetrator of a current allegation of specific sexual abuse, which is being substantiated; or

Option C

Statements of witnesses to highly sexualized behavior and obtained an expert opinion, via forensic evaluation, or clinical consultation, that the child's sexualized behavior is diagnostic of past sexual abuse.

Note: Without a statement of specific sexual abuse by the victim, this may only be substantiated to an unknown perpetrator.

Specific documentation of application of factors, as it relates to current substantial risk of sexual abuse.

If police have conducted an investigation, the final finding must be obtained and documented. If the police report is not available, a case note must be included indicating the report has been requested along with documentation of the verbal statements. The supervisor must review the police report when it is received to ensure findings do not conflict with previously documented information received verbally.

If multiple perpetrators are identified, circumstantial evidence which identifies the most likely perpetrator.

Written approval -- The above elements are required for every investigation into substantial risk of sexual injury. The Supervisor's approval is required, in writing, if it is acceptable for any of the above steps to be eliminated from the

investigation process.

The Supervisor documents his or her approval on a NJ SPIRIT Activity Note, printable as a Contact Sheet, CP&P Form [26-52](#).

REQUIREMENTS FOR INVESTIGATION 10-3-2011

The Child Protective Investigator shall:

- Complete a safety assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-22](#), Safety Assessment (In-Home Cases).
- Hold in-person, individual interviews with the parents/caregivers. Contact parents on the same day as contact with the child victim(s) if at all possible.
- Hold an in-person, individual interview of other adults in the victim's home, the child's siblings, and other children residing in the victim's home. Observe non-verbal children.
- Complete CARL checks of members of the family and other subjects regularly frequenting or living in the home.
- If a paramour-involved report, conduct Promis/Gavel check to determine record of criminal history.
- Thoroughly read and review prior investigations.
- Interview reporter and primary Worker identified in the current report or related information.
- Hold an in-person, individual interview with alleged child victim(s); assessment of the physical injury.
- Interview therapist, counselor, or other professionals engaged in child's treatment.
- Interview alleged perpetrator in person, if necessary for immediate safety planning. The assigned child protective investigator consults with law enforcement prior to the interview to avoid compromising the investigation.
- Complete a risk assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-23](#), New Jersey CP&P Family Risk Assessment.
- Refer the child to the Regional Diagnostic and Treatment Center within one day of SCR accepting the report. See [CP&P-II-C-2-600](#).
- Complete a Caregiver Strengths and Needs Assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-24](#), New Jersey CP&P SDM™ Caregiver Strengths and Needs Assessment.
- Complete a Child Strength and Needs Assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-25](#), New Jersey CP&P SDM™ Child Strength and Needs Assessment.
- Hold an in-person, individual interview with alleged perpetrator.

- Hold an in-person, individual interview with all other adults and verbal children residing in the alleged perpetrator's household. Non-verbal children must be observed.
- Observe the environment where maltreatment occurred.
- When there are other children in the home, interview school personnel and/or child care provider who has knowledge of the child and/or the level of parental care provided to the child.
- Interview primary care physician or physician who has seen child in past six months.
- Interview child protective services in other states in which the family members have resided in the previous five years.

Additional Contacts

Option A

- Law enforcement
- Probation officer
- Past or current treatment providers of alleged perpetrator
- Provider for any sex offenders evaluation
- Any "alibi" witnesses offered by the alleged offender

Option B

- See requirements for specific sex abuse allegation

Option C

- A substantial sample of witnesses to sexualized behavior/knowledge, including those in different settings
- Current counselor or therapist
- Physician (if sex abuse examination has been completed)
- Forensic evaluator (if available, and used)
- Any person named as a possible offender

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REQUIRED MEDICAL INFORMATION AND/OR CONSULTATIONS 12-30-2004

- Records of sex abuse examination, if completed.
- Records of any psychological evaluations, etc.
- Forensic or expert clinical consultation for option C.
- Records of sex offender evaluation for option A.

LAW ENFORCEMENT/PROSECUTOR INVOLVEMENT OR NOTIFICATION 12-30-2004

- None required, however, if evidence of specific sexual abuse is obtained, see requirements for allegation added.
- Notify Prosecutor if report constitutes second, or more, substantiated reports of abuse.

ASSESSMENT OF “FACTORS TO BE CONSIDERED” TO SUPPORT CASE FINDING 12-30-2004

Option A

- Frequency/severity of original offense(s).
- Length of time since original conviction/substantiation.
- If conviction, adult or child victim, and if child, age of victim in relation to offender.
- Age of the original victim as it relates to current alleged victim.
- Relationship of original victim to offender.
- Length of time with current alleged victims.
- Any treatment received by alleged perpetrator.
- Age/emotional/developmental issues of current alleged victims, as it relates to their ability to disclose self-protective information.
- Current legal status of offender (i.e., outside protection).
- Other protective adults in home (i.e., access of offender).

Option B

- Frequency/severity of original offense(s).
- Length of time since original conviction/substantiation.
- Age of the original victim as it relates to current children in the home.
- Relationship of original victim to offender.
- Any treatment received by alleged perpetrator.

- Age/emotional/developmental issues of children in the home, as they relate to their ability to disclose self-protective information.
- Current legal status of offender (i.e., outside protection).
- Other protective adults in home (i.e., access of offender to the children).

Option C

- Is the behavior knowledge substantially outside of developmental norms? Use consultation if needed in order to make an informed determination.
- Is there sexual activity between the victim and children who are not peers regular playmates?
- Is there preoccupation with sex/sexual behavior to the exclusion of other regular childhood activities?
- Is the sexual behavior knowledge evidenced in public or does the child appear to be unable to stop (behavior appears compulsive) despite clear requests to stop punishment?
- Is the knowledge behavior increasing in frequency, intensity, etc.?

REFERENCE TO RELATED POLICY

8-29-2011

See [CP&P-II-B-1-550](#), Reports and Referrals Regarding Child-on-Child Sexual Abuse and [CP&P-II-B-1-600](#) Child-on-Child Sexual Activity.